

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

9

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

NICKNAME

LAST

SUFFIX

Schauer

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO Box 47790 San Antonio Tx 78265

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 590-2931

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Marcia Lehman

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3414 John Glenn San Antonio Tx 78217

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 655-7732

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign treasurer appointment (officeholder only)



July 15



8th day before election



Exceeded \$500 limit



Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

9 / 17 / 04 THROUGH 12 / 31 / 04

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

5 / 7 / 05

☐ Primary



Runoff



General



Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council District 10

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Steven S. Schauer

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

RECEIVED
CITY OF SAN ANTONIO
2005 JAN 18 P 1:48

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,317.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1,072.18

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

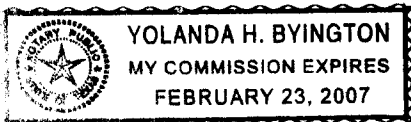
\$ 2,244.92

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Steven S. Schauer

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Steven S. Schauer, this the 18th day of January, 20 05, to certify which, witness my hand and seal of office.

Yolanda H. Byington

Signature of officer administering oath

Yolanda H. Byington

Printed name of officer administering oath

Notary Public

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1 / 5

2 FILER NAME

Steven S. Schauer

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/20/04

5 Full name of contributor

☐ out-of-state PAC (ID#:

Kenneth Gilliam

6 Contributor address; City; State; Zip Code

1020 Flower Forest San Antonio Tx 78245

7 Amount of contribution (\$)

100.00

8 In-kind contribution description (if applicable)

2005 JAN 18 P 1:48
RECEIVED
CITY OF SAN ANTONIO

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

9/21/04

Full name of contributor

☐ out-of-state PAC (ID#:

Thomas Weaver

Contributor address; City; State; Zip Code

106 DeGama Universal City Tx 78148

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/22/04

Full name of contributor

☐ out-of-state PAC (ID#:

Cynthia Velasquez

Contributor address; City; State; Zip Code

105 Pepper Bush San Antonio Tx 78231

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/22/04

Full name of contributor

☐ out-of-state PAC (ID#:

Stacie McGee

Contributor address; City; State; Zip Code

6000 Village West San Marcos Tx 78666

Amount of contribution (\$)

250.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6/04

Full name of contributor

☐ out-of-state PAC (ID#:

Don Merten

Contributor address; City; State; Zip Code

25940 Stone Canyon San Antonio Tx 78240

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 2/5	
2 FILER NAME Steven S. Schauer		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/15/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Louise Liller 6 Contributor address; City; State; Zip Code 16729 Spotted Eagle Leander Tx 78641	7 Amount of contribution (\$) 20.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/15/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kelly Grober Contributor address; City; State; Zip Code 644 Camino Le Austin Tx 78752 Cogn #1000	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable) RECEIVED JAN 18 P 1:48 OFFICE OF THE ATTORNEY GENERAL SAN ANTONIO
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Eduardo Moreno Contributor address; City; State; Zip Code 1507 E. 34th Austin Tx 78722	Amount of contribution (\$) 10.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gail Bradbury Contributor address; City; State; Zip Code 4815 B Woodview Austin Tx 78756	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Clara Bradbury Contributor address; City; State; Zip Code 12009 Elfroft Austin Tx 78758	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 3/5	
2 FILER NAME <i>Steven Schauer</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/16/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Matthew Marron</i> 6 Contributor address; City; State; Zip Code <i>4900 E. Oltorf Austin Tx 78741 #422</i>	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable) 2005 JAN 18 CITY OF SAN ANTONIO RECEIVED
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Sammer Salman</i> Contributor address; City; State; Zip Code <i>1300 Woodlawn Austin Tx 78703 #106</i>	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable) 1:48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Drew Murray</i> Contributor address; City; State; Zip Code <i>1507 E. 34th Austin Tx 78722</i>	Amount of contribution (\$) 20.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/16/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Kristina Chinguet</i> Contributor address; City; State; Zip Code <i>2315 Karat Drive San Antonio Tx 78245</i>	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/29/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Bita Gilliam</i> Contributor address; City; State; Zip Code <i>1026 Flower Forest San Antonio Tx 78245</i>	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 4/5	
2 FILER NAME <i>Steven Schauer</i>		3 ACCOUNT # (Ethics Commission filers)	
4 Date <i>11/1/04</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>T. J. Connolly</i> 6 Contributor address; City; State; Zip Code <i>4901 Broadway San Antonio Tx 78209</i>	7 Amount of contribution (\$) <i>142.00</i>	8 In-kind contribution description (if applicable) <i>purchase T-shirts</i>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <i>12/1/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Molly Dean</i> Contributor address; City; State; Zip Code <i>3841 Arroyo Seco Schertz Tx 78154</i>	Amount of contribution (\$) <i>300.00</i>	In-kind contribution description (if applicable) <i>2005 JAN 18 PM 5:48 CITY OF SAN ANTONIO RECEIVED</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/30/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Don Merten Jr</i> Contributor address; City; State; Zip Code <i>851 Market Crest NV 89110</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/30/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Linda Merten</i> Contributor address; City; State; Zip Code <i>851 Market Crest NV 89110</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/30/04</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Pat Merten</i> Contributor address; City; State; Zip Code <i>413 Fenwick San Antonio Tx 78260</i>	Amount of contribution (\$) <i>50.00</i>	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 5/5	
2 FILER NAME Steven S. Schauer		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/30/04	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mimi Jennings	7 Amount of contribution (\$) 50.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 7139 Crested Quail San Antonio, TX 78250			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/30/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James Sherbert Sherbert	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 813 Moffat Court CO 80108			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/30/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carol Schauer	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3214 Marbleton Union TN 37692			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/30/04	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sally Sykes Bruenwald	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1801 Stone Ridge Circle Austin TX 78746			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1/2	
2 FILER NAME Steven S. Schauer		3 ACCOUNT # (Ethics Commission filers)	
4 Date 12/15/04	5 Payee name GZE Services 6 Payee address; City; State; Zip Code 717 W Ashby Place San Antonio Tx 78212	7 Amount (\$) 500.00	
8 Purpose of payment (See instructions regarding type of information required.) web site design		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12/16/04	Payee name The Watermark Group Payee address; City; State; Zip Code 4271 Gate Crest San Antonio Tx 78217	Amount (\$) 269.30	
Purpose of payment (See instructions regarding type of information required.) printed campaign material		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12/17/04	Payee name Election Support Services Payee address; City; State; Zip Code 5309 McCullough San Antonio Tx 78212	Amount (\$) 192.61	
Purpose of payment (See instructions regarding type of information required.) constituent lists		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 12/17/04	Payee name U.S. Post Office Payee address; City; State; Zip Code 10410 Perrin Beitel San Antonio Tx 78284	Amount (\$) 65.00	
Purpose of payment (See instructions regarding type of information required.) lease PO Box		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 2 / 2
2 FILER NAME Steven S. Schauer		3 ACCOUNT # (Ethics Commission filers)
4 Date 12/30/04	5 Payee name Election Support Services 6 Payee address; City; State; Zip Code 5309 McCullough San Antonio Tx 78212	7 Amount (\$) 4519
8 Purpose of payment (See instructions regarding type of information required.) address labels		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.)		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		